Neme in Full

Certificate of Death

Eleanora Theo. Andrews —

Died at Town: Cambridge County: Dorchester Co MARYLAND

Date 189 Month: March Day: 8 Age Y. 4 M. D. Native of: Cambridge Md Occupation: —

~~Male~~ Femele White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living

Husband Wife of

Father's Name: Roland E Andrews Mother's Neme: Sadie M. Andrews

Ceuse of Deeth — Primary: Marasmus 8 2 — How long sick

Immediete: Gastro Enteritis — Accident, Suicide, Homicide

Reported by: Dr Goldsborough

Address: Cambridge Md

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

# Mrs Elizabeth A. Benson

Certificate of Death

Died at Hills Point P.O. (Town) Dorchester (County) MARYLAND

Date 1899 Month Nov. Day 15 | Age Y. 54 M. D. | Native of Dor. Co. | Occupation Housewife

~~White~~ / ~~Female~~ | ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 4

Husband of / Wife John Benson

Father's Name Charles Frazier | Mother's Name ——— Mitchell

Cause of Death: Primary Pulmonary phthisis 22a | How long sick 9 months about

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Guy Steele M.D.

Address Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Mary Grackp

Certificate of Death

Died at Town Federalsburg County Dor MARYLAND

Date 1899 Month Nov Day 1 | Age Y. 62 M. D. | Native of Germany | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 1

~~Husband~~ Wife of A P Grackp

Father's Name

Mother's Name 28

Cause of Death { Primary Diabetis Mellitus | Immediate

How long sick 7 days

~~Accident, Suicide, Homicide~~

Reported by R Kemp Jefferson

Address Federalsburgh Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 25008

Name in Full Langale

Certificate of Death

Cambridge Dorchester

Town County

Died at MARYLAND.

Date 189 9 Nov 7 (Month Day) | Age Y. 15 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow ~~Widower~~ | Divorced ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name John Langale | Mother's Name May Langale

Cause of Death: Primary 1 | How long sick 5 weeks

Immediate Typhoid Fever | Accident, Suicide, Homicide

Reported by Mrs S. Hitch

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

James Howard Insinee

Died at Town: Galestown County: Dor MARYLAND

Date 189 4 Month: Nov Day: 25 | Age Y. 63 M. 8 D. | Native of: Md | Occupation: Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband / Wife of Julia A Insinee

Father's Name | Mother's Name

Cause of Death — Primary: Catarrh 161 — How long sick 5 weeks

Immediate — Accident, Suicide, Homicide

Reported by Dr E R Asher

Address Galestown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Sallie Ann Marshall

Certificate of Death

Died at Town: Cornersville County: Dor MARYLAND

Date 1899 Month: Nov Day: 26 Age Y.: 59 M.: 8 D.: 11 Native of: — Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband ~~Wife~~ of Elija Marshall

Father's Name

Mother's Name

Cause of Death: Primary: Chronic catarrh of bile ducts — How long sick: 1 yr

Immediate: Jaundice — ~~Accident, Suicide, Homicide~~

Reported by: S A Stokes M D.

Address: Cornersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

# James H. Mills

Certificate of Death

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1899 Month: Nov. Day: 6

Age Y.: 74 M.: 1 mo. D.:

Native of: Dor. Co

Occupation: Building Contr

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widowed~~ ~~Divorced~~ Widower

Number of children living: 6

Husband of

Wife

Father's Name: Collison Mills

Mother's Name: ——

Cause of Death: Primary —— 15-5-6

Immediate: Heart failure

How long sick ——

~~Accident, Suicide, Homicide~~

Reported by: Guy Steele M.D.

Address: Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Mary Mitchell

Died at Town Cambridge County Dorchester MARYLAND

Date 189 9 Month 11 Day 7 Age Y. 81 M. D. Native of Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Dorchester Standard 11-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full: Estijoh Murphy

Certificate of Death

Died at Town: Bishops Dorchester County: MARYLAND

Date 1899 Month 11 Day 12 | Age Y. 79 M. 11 D. 20 | Native of Maryland | Occupation farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 7

Husband of Wife: Mary J. Murphy

Father's Name | Mother's Name

Cause of Death: Primary | ~~Immediate~~ | How long sick | Accident, Suicide, Homicide

161

Reported by: A. J. [illegible]

Address: Boaro

Must be signed by physician, if any in attendance, otherwise by [illegible]oner, undertaker or minister.

OVER

LIBRARY BUREAU, 79998

Attended by Dr. E. B. Plomes

of Cooper

Seen by Coroner

of

...mation contained in this certific...

...ived from

of

Name in Full

Certificate of Death

John D. Nabb

Town

County

Died at near Hurlock Dorchester MARYLAND

Date 1899 Month 11 Day 23 | Age Y. 89 M. D. | Native of | Occupation

Male ~~Female~~ White Colored Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Easton Ledger 11-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

George M. Parks —

Certificate of Death

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1899 Month: Nov Day: 8 | Age Y. 3 M. D. | Native of Cambridge Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ Divorced | Number of children living

Husband / Wife of

Father's Name G. L. Parks | Mother's Name L. A. Parks

Cause of Death — Primary: Gastro-Enteritis 82 | How long sick 9 days

Immediate: Congestion of Lungs | Accident, Suicide, Homicide

Reported by Dr W Goldsborough M D

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full

Certificate of Death

Helen S. Percy.

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1894 Month: Nov Day: 16 | Age Y. 32 M. D. | Native of Dorchester Co | Occupation Housework

~~White~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | ~~Number of children living~~

Husband / Wife of G R. Percy.

Father's Name Wm E Woodroe | Mother's Name Sarah E Woodroe

Cause of Death — Primary: Nephritis - 97 | How long sick 8 weeks

Immediate: Convulsions | ~~Accident, Suicide, Homicide~~

Reported by Dr W. Goldsborough MD

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705

Name in Full

Certificate of Death

Wm James Robbins

Died at Town Cambridge County Dorchester MARYLAND

Date 189 9 Month Nov Day 18 | Age Y. 46 M. D. | Native of Dorchester Co | Occupation Oysterman

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living 6

Husband / Wife of Mary James Robbins

Father's Name Wm Robbins | Mother's Name Madura A Robbins

Cause of Death — Primary: Carcinoma Rectum — How long sick: 2 years

Immediate: Exhaustion 25c — ~~Accident, Suicide, Homicide~~

Reported by J W Goldsborough MD

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Certificate of Death

Name in Full: Amalia Beatrice Folsom

Died at: Town: Cambridge County: Dorchester MARYLAND

Date 1899: Month: Nov. Day: 9 | Age: Y. 1 M. 5 D. | Native of: Md. | Occupation: ——

Male / Female | White / Colored | Married / Single / Widow / Widower / Divorced | Number of children living

Husband of / Wife

Father's Name: Chas Henry Folsom

Mother's Name: Lucinda L. Earle

Cause of Death — Primary: Teething — 140 — How long sick: 11 days

Immediate: Brain Fever, Exhaustion — Accident, Suicide, Homicide

Reported by: Geo S Steele MD

Address: Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full — Certificate of Death

Anna Wheatley

Died at Town: Galestown County: Dorchester MARYLAND

Date 1897 Month: Nov Day: 26 | Age Y.: 41 M.: D.: | Native of: Ind | Occupation: Domestic

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — Widow / Widower — Divorced / Number of children living

Husband / Wife of

Father's Name: Wm Wheatley

Mother's Name: Nancy Wheatley

Cause of Death — Primary: Typhoid Fever | How long sick: 3 weeks

Immediate: Hemorrhage of Bowels

Accident, ~~Suicide~~, ~~Homicide~~

Reported by: Dr E R Adkins

Address: Galestown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full William E. Woodland

Certificate of Death

Died at Town Applegartho County Dorchester MARYLAND

Date 1899 Month Nov Day 16 Age Y. 42 M. 3 D. 4 Native of Maryland Occupation Oysterman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband / Wife of Ida Woodland

Father's Name Edw E Woodland Mother's Name Eliza Woodland

Cause of Death: Primary Fractured Skull — How long sick 10 days

Immediate Meningitis 1526 — ~~Accident, Suicide~~, Homicide

Reported by Wm T Henry MD

Address Fishingbrook Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963